

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08225

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	7					
2	1						52	7					
3	1						53	7					
4	1						54	7					
5		1					55	7					
6		1					56	7					
7		2					57	7					
8		4					58	7					
9		4					59	7					
10		4					60	7					
11		3					61	7					
12		4					62	7					
13		4					63	7					
14		4					64	7					
15		4					65	7					
16		4					66	7					
17							67	7					
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28		4					78						
29		4					79						
30	1						80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38	1						88						
39	1						89						
40	1						90						
41		4					91						
42		4					92						
43		4					93						
44		4					94						
45		2					95						
46		2					96						
47		7					97						
48		7					98						
49		7					99						
50		7					100						
TOTAL IND.		7		7		7	TOTAL IND.	7		7		7	
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						